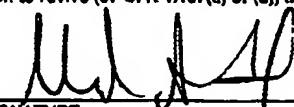


DT09 Rec'd PCT/PTO 20 AUG 2004

PTO-1390 (Rev. 07-2004)

Approved for use through 3/31/2007. OMB 0651-0021  
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

U.S. APPLICATION NO. (if known, see 37 CFR 1.51) <div style="font-size: 24pt; font-weight: bold; text-align: center;">10/505245</div>		INTERNATIONAL APPLICATION NO. PCT/EP03/01000		ATTORNEY'S DOCKET NUMBER 1-16694					
21. <input checked="" type="checkbox"/> The following fees are submitted: <b>BASIC NATIONAL FEE (CFR 1.492(a)(1)-(5)):</b> Neither international preliminary examination fee (37 CFR 1.482) nor international search fee (37 CFR 1.445(a)(2)) paid to USPTO and international search report not prepared by the EPO or JPO ..... \$1080.00 International preliminary examination fee (37 CFR 1.482) not paid to USPTO but international search report prepared by the EPO or JPO ..... \$920.00 International preliminary examination fee (37 CFR 1.482) not paid to USPTO but international search fee (37 CFR 1.445(a)(2)) paid to USPTO ..... \$770.00 International preliminary examination fee (37 CFR 1.482) paid to USPTO but all claims did not satisfy provisions of PCT Article 33(1)-(4) ..... \$730.00 International preliminary examination fee (37 CFR 1.482) paid to USPTO and all claims satisfied provisions of PCT Article 33(1)-(4) ..... \$100.00 <b>ENTER APPROPRIATE BASIC FEE AMOUNT =</b>				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">CALCULATIONS</th> <th style="text-align: left;">PTO USE ONLY</th> </tr> <tr> <td style="height: 100px; vertical-align: bottom;">\$ 920.00</td> <td></td> </tr> </table>		CALCULATIONS	PTO USE ONLY	\$ 920.00	
CALCULATIONS	PTO USE ONLY								
\$ 920.00									
Surcharge of \$130.00 for furnishing the oath or declaration later than 30 months from the earliest claimed priority date (37 CFR 1.492(e)).				\$ -					
<b>CLAIMS</b>	<b>NUMBER FILED</b>	<b>NUMBER EXTRA</b>	<b>RATE</b>						
Total claims	7 -20 =	0	X \$18.00						
Independent claims	1 -3 =	0	X \$86.00						
MULTIPLE DEPENDENT CLAIM(S) (if applicable)			+ \$290.00						
<b>TOTAL OF ABOVE CALCULATIONS =</b>				\$ 920.00					
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by %.				\$ -					
<b>SUBTOTAL =</b>				\$ 920.00					
Processing fee of \$130.00 for furnishing the English translation later than 30 months from the earliest claimed priority date (37 CFR 1.492(f)).				+					
<b>TOTAL NATIONAL FEE =</b>				\$ 920.00					
Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40.00 per property				+					
<b>TOTAL FEES ENCLOSED =</b>				\$ 920.00					
				Amount to be refunded:	\$				
				Amount to be charged:	\$				
a. <input checked="" type="checkbox"/> A check in the amount of \$ <u>920.00</u> to cover the above fees is enclosed. b. <input type="checkbox"/> Please charge my Deposit Account No. _____ in the amount of \$ _____ to cover the above fees. A duplicate copy of this sheet is enclosed. c. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. <u>13-1816</u> . A duplicate copy of this sheet is enclosed. d. <input type="checkbox"/> Fees are to be charged to a credit card. <b>WARNING:</b> Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.									
NOTE: Where an appropriate time limit under 37 CFR 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the international application to pending status.									
SEND ALL CORRESPONDENCE TO: <b>MARSHALL &amp; MELHORN, LLC</b> Mark A. Hixon Four SeaGate - 8th Floor Toledo, Ohio 43604 Phone: 419-249-7114 Fax: 419-249-7151									
				 SIGNATURE MARK A. HIXON					
				NAME					
				44,766					
				REGISTRATION NUMBER					